Annual Application for
NAID AAA Certification for Physical Media Destruction

ONE APPLICATION REQUIRED FOR EACH LOCATION

Part 1.) APPLICATION TYPE

Date: 30/01/26

☐ INITIAL APPLICATION ☐ RENEWAL APPLICATION

CONSULTING SUBSIDY: *A $400 post-audit rebate is available after to partially reimburse for the expense of an i-SIGMA-approved consultant to assist with the Initial application process.*

Will the Applicant be applying for the Consulting Subsidy post audit? ☐ Yes ☑ No

Part 2.) CONTACT INFORMATION

Company Name (Applicant) Shred Easy Pty Ltd.

Physical Address Unit 4, 2-4 Steel Street,

City: Caloundra State/Prov: QLD Postal: 4157

Phone: +61 7 3823 4440 Fax: _____

Certification Contact: Neil Taylor Email n.taylor@shredeasy.com.au

Part 3.) OPERATIONAL INFORMATION

Number of Access Individuals & Service Vehicles listed in this section must be consistent with the required Access Individuals and Service Vehicles lists in Part 6.

Number of Access Individuals *(Employees/Agents with access to Confidential Customer Media)*: 4

Office Hours: 8-4 Hours of Operation: 7-3 ☐ Not Applicable

Service Vehicle Count: 3 ☐ Not Applicable

Time First Service Vehicle Dispatch *(Select one)*:

☐ Not Applicable

☑ Consistent Daily @ 7AM

☐ Varies Daily: M @_____ Tu @_____ W @_____ Th @_____ F @_____ Sa @_____ Su @_____

Are Service Vehicles stored at a location other than address above?

☐ N/A ☑ No ☐ Yes *(List address)*: _____

Please indicate Platform(s) by which media is processed at this location *(Select all thatapply)*:

☐ Facility-based Destruction ☑ Mobile/Onsite Destruction

☐ Transfer Processing Station* ☐ Collection-only Facility*

*If checked list address of affiliated destruction facility: _____

Please indicate the Physical Media Destruction Endorsements that apply to this location *(must include all provided)*:

☑ Paper ☐ Micro Media ☑ Non-Paper Media (Optical Media)

☑ Hard Drives ☑ Solid-State Devices ☑ Product Destruction

i-SIGMA USE ONLY:	Rec'd	Member #:	Expiration Date:	Complete:
	Initial/Renew:	Auditor:	Audit #:	Audit Year: ☐ Yes ☐ No

Part 4.) REQUIRED NAID AAA SPECIFICATIONS

Specification details and audit methodology are provided in the i-SIGMA Certification Specifications Reference Manual available free of charge on the i-SIGMA website.

The requirement to meet some specifications will be dependent on the nature of service platforms (Facility-based or Mobile/Onsite) and/or the media destruction Endorsement(s) sought by the applicant.

Some specifications referenced below are followed by questions that must be completed as part of the application submission.

SECTION 1: SPECIFICATIONS APPLICABLE TO ALL NAID AAA CERTIFICATIONS

1.1 CITIZENSHIP/WORK ELIGIBILITY REQUIREMENT

1.2 INITIAL ACCESS INDIVIDUAL SCREENING REQUIREMENT

1.3 ONGOING SUBSTANCE ABUSE SCREENING

Select one:

☐ **Option #1**: Upon hire and thereafter on a random basis, 50% of Access Individuals aredrug screened annually.

☑ **Option #2**: Management has been trained in a "Substance Abuse Recognition Awareness Program" pre-approved by i-SIGMA. *(Submit i-SIGMA "Substance Abuse Recognition Training Program" (SARP) form with application for approval along with an outline of the training, or if approval has already been obtained submit the approved copy of the form for review.)*

1.4 ONGOING ACCESS INDIVIDUAL SCREENING

All Access Individuals have criminal record searches conducted every three years.

Year of most recent search: 2024

1.5 DRIVER QUALIFICATIONS

1.6 WRITTEN POLICIES AND PROCEDURES AND ACCESS INDIVIDUAL AWARENESS ATTESTATION

1.7 WRITTEN DRIVER/FIELD OPERATIONS POLICIES AND PROCEDURES

1.8 MANAGEMENT BREACH NOTIFICATION ACCOUNTABILITY

1.9 ACCESS INDIVIDUAL BREACH NOTIFICATION POLICY/TRAINING

1.10 INCIDENT RESPONSE PLAN

1.11 UNANNOUNCED AUDIT PROCEDURES

1.12 ACCESS INDIVIDUAL TRAINING

Select the Option below used to train Access Individuals annually to comply with the applicable certification requirements.

Select one:

☑ **Option #1**: All Access Individuals have taken and passed the i-SIGMA Access Individual Training Program (AETP). *(Submit "Access Employee Training Program Licensing" Form with application.)*

- ☐ **Option #2**: All Access Individuals have taken and passed a third-party training course, which has been pre-approved by i-SIGMA. *(Submit i-SIGMA "Access Employee Training Program Approval" (AETP) form with application for approval along with an outline of training, or if approval has already been obtained submit the approved copy of the form for review.)*
- ☐ **Option #3**: All Access Individuals have taken and passed an in-house training, which has been pre-approved by i-SIGMA. *(Submit i-SIGMA "Access Employee Training Program Approval" (AETP) form with application for approval along with an outline of training, or if approval has already been obtained submit the approved copy of the form for review.)*

1.13 ACCESS INDIVIDUAL IDENTIFICATION ON DUTY

1.14 UNIFORMED FIELD ACCESS INDIVIDUALS

1.15 RECEIPT OF MEDIA ACCEPTANCE

1.16 VEHICLE ROADWORTHINESS

1.17 VEHICLE LOCKS

1.18 DATA SUBJECT RESPONSE POLICY

1.19 VERIFICATION OF ENTITY LEGAL STATUS/OWNERSHIP

1.20 TRANSFER OF CUSTODY (OF UNDESTROYED DATA CONTROLLER MEDIA)

Indicate any categories of subcontractors to which Applicant transfers custody of undestroyed Data Controller Media.

- ☐ Temporary Staffing
- ☐ Transportation (of media prior to destruction)
- ☐ Other _____

1.21 TRANSPARENCY IN BIDDING

1.22 VEHICLE INSPECTION REQUIREMENTS

1.23 DRIVER TWO-WAY COMMUNICATIONS

1.24 RESPONSIBLE CARE DURING CUSTODY

1.25 PERSONAL PHOTOGRAPHIC/ELECTRONIC EQUIPMENT POLICY REQUIREMENT

1.26 VEHICLE SECURITY

1.27 DESIGNATION OF A DATA PROTECTION OFFICER (DPO)

Designated DPO Officer NEIL TAYLOR

1.28 DESIGNATION OF AN i-SIGMA CERTIFICATION COMPLIANCE OFFICER (ICCO)

Designated ICCO Officer NEIL TAYLOR

SECTION 2: SPECIFICATIONS APPLICABLE TO FACILITY-BASED NAID AAA CERTIFICATION OPERATIONS

2.1 ACCESS CONTROL

2.2 VISITOR LOG REQUIREMENT

2.3 SECURED AREA IN MULTI-USE FACILITIES

2.4 FACILITY INTRUSION & FIRE DETECTION

2.5 CLOSED CIRCUIT IMAGE CAPTURE

2.6 COLLECTION-ONLY FACILITY REQUIREMENTS

2.7 OPERATIONAL SECURITY LOGS

SECTION 4: ADDITIONAL SPECIFICATIONS APPLICABLE TO NAID AAA CERTIFICATION MEDIA DESTRUCTION

4.1 PAPER/PRINTED MEDIA PHYSICAL DESTRUCTION ENDORSEMENT

☑ Applicable *(Provide details below)* ☐ Not Applicable

Select Service Platform offered:

☐ Facility-Based Destruction ☑ Mobile/Onsite Destruction

Select Paper Media Destruction Equipment/Methodology:

☐ Continuous Shred: Width (max): 5/8 inch; Length: Indefinite

☑ Cross Cut or Pierce & Tear: Width (max): 3/4 inch; Length (max): 2.5 inches

☐ Pulverizer, Disintegrator or Hammermill*: Screen Size (max): 2-inch diameter holes

☐ Unspecified Equipment: Please describe the type of equipment and cutting mechanism specifications (screen hole size*, blade width, etc.):

_____

Please provide the following information regarding the primary paper/printed media destruction equipment:

Mobile/Onsite or Facility Equipment Onsite Mobile

Manufacturer: Shred-Tech

Model: NDS 2

Serial # _____

Horsepower _____

☐ Please check box if providing a list of additional equipment information.

4.2 MICRO MEDIA PHYSICAL DESTRUCTION ENDORSEMENT

☐ Applicable *(Provide details below)* ☑ Not Applicable

Select Service Platform offered:

☐ Facility-Based ☐ Mobile/Onsite

Please provide the following information regarding the micro media destruction equipment:

Mobile/Onsite or Facility Equipment _____

Manufacturer: _____

Model: _____

4.3 HARD DRIVE PHYSICAL DESTRUCTION ENDORSEMENT

☑ Applicable *(Provide details below)* ☐ Not Applicable

Select Service Platform offered:

☐ Facility-Based ☑ Mobile/Onsite

Please provide the following information regarding the hard drive destruction equipment:

Hard Drive Physical Destruction Method: Shredding.
(e.g. shredding, crushing, piercing)

4.4 SOLID-STATE DEVICE PHYSICAL DESTRUCTION ENDORSEMENT

☑ Applicable *(Provide details below)* ☐ Not Applicable

Select Service Platform offered:

☐ Facility-Based ☑ Mobile/Onsite

Please provide the following information regarding the Solid-State Device destruction equipment:

Solid-State Device Physical Destruction Method: Shredding.
(e.g. shredding, crushing, piercing)

4.5 OPTICAL MEDIA/ MAGNETIC MEDIA ENDORSEMENT

☑ Applicable *(Provide details below)* ☐ Not Applicable

Select Service Platform offered:

☐ Facility-Based ☑ Mobile/Onsite

Please provide the following information regarding the Solid-State Device destruction equipment:

Types of Optical Media/Magnetic Media physically destroyed:

☑ Optical Media ☑ Magnetic Tape Media ☐ Other: _____

Optical Media/ Magnetic Media Physical Destruction Method Shredding.
(e.g. shredding, disintegration, incineration)

4.16 RESPONSIBLE DISPOSAL OF DESTROYED ELECTRONIC WASTE *(Applicable for Hard Drive and SSD Destruction Only)*

4.17 ELECTRONIC RECYCLING PERMIT COMPLIANCE *(Applicable for Hard Drive and SSD Destruction Only)*

4.18 PRODUCT DESTRUCTION ENDORSEMENT

☑ Applicable *(Provide details below)* ☐ Not Applicable

Select Service Platform offered:

☐ Facility-Based ☑ Mobile/Onsite

4.19 OPERATION OF TRANSFER PROCESSING STATIONS AND FACILITY-BASED (COMPLETED IN SECTION 3)

4.20 QUALITY CONTROL MONITORING OF DESTRUCTION PROCESS

4.21 RESPONSIBLE DISPOSAL REQUIREMENT

4.23 ON PREMISES DESTRUCTION REQUIREMENT *(Mobile/Onsite Service Platform Only)*

4.24(N) GENERAL LIABILITY COVERAGE

Section 5. AGREEMENT

By signing below, I represent that I have the authority as an agent of the firm applying for NAID AAA Certification and affirm it meets all requirements of thereof and, in choosing the i-SIGMA Audit Regime, agree to ongoing scheduled and unannounced audits to verify such compliance and agree to abide by the Terms and Conditions as stipulated in the i-SIGMA Certification Specifications Reference Manual.

SIGNED: _____ DATE: 30/1/26

PRINT NAME: NEIL TAYLOR TITLE OWNER

Part 5.) PAYMENT (in USD)

ANNUAL NAID AAA CERTIFICATION FEES

- Fees must be submitted with the application.
- Fees are per location (One application per location).
- Multi-location Certification Program participants should contact i-SIGMA for assistance in calculating fees.

UNITED STATES & CANADA

- ☐ Facility-Based or Mobile/Onsite $1,310
- ☐ Facility-Based and Mobile/Onsite $1,455
- ☐ Transfer Processing Station (TPS) $1,045
- ☐ Transfer Processing Station w/Mobile/Onsite $1,455

OUTSIDE UNITED STATES & CANADA

- ☐ Facility-Based or Mobile $2,336
- ☐ Facility-Based and Mobile $2,597
- ☐ Transfer Processing Station $1,866
- ☐ Transfer Processing Station w/Mobile/Onsite $2,597

ADDITIONAL FEES

Note: Additional Fees of $275 may be assessed to Renewal Applications for:

- Remediation of incomplete renewal applications
- Delay of an audit due to lack of preparedness
- Post-audit remediation of non-compliance issues

PAYMENT METHOD

☑ Credit Card ☐ Check Enclosed

CC Number: 4065 8752 1611 5633 Expiration: 03/28

Name on Card NEIL TAYLOR Security Code 995

Signature: _____

Service Vehicles List

Pertains to Certification Specs. 1.5, 1.16, 1.17, and 1.22

	Destruction/ Collection	Vehicle Identification Number (VIN #)	Vehicle Make & Model	License Plate Number	State/Province of License	Overnight Storage Address (Addr, City, State)	Available for Audit? Y/N	Auditor Use Only			
								Reg Ins	Road Worthy	Locks	Truck Chkd
1	Destruction	JALFRR90MG 7000733	1503J	697VMV	QLD	Unit 4, 2-4 Steel Street	Y				
2	— " —	JALFRR90MG 7000957	FRR500	XQ13LE	— " —	Capalaba QLD	Y				
3	— " —	JALFRR90MG	— " —	XQ67WN	— " —	4157	Y				
4		7000980									
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Access Individuals and Non-Access Employee List

Pertains to Certification Specs. 1.1, 1.2, 1.3, 1.4, 1.6, and 1.12

Owners/Partners/Officers of the Company	Title	Involved in Daily Ops Y/N	Auditor Use Only				
			Conf Agr	Crim	Drug	Driver Req	File Chk
NEIL TAYLOR	OWNER	Y					

Name	Date of Hire	Access Y/N	Title/Position	Citizen Y/N	Auditor Use Only											
					All Employees		Access Employees Only									
					Conf Agr	I-9	Drug	SS Trace	Crim State	Crim Cnty	Crim Fed	Empl Ver	1.6	1.12	Driver Req	File Chk
ALEX TAYLOR	08/17	Y	DRIVER	Y												
SEAN KIELY	03/21	Y	DRIVER	Y												
SANDRA SHARP	02/22	Y	ADMIN	Y												